

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

## **A. Steve Klepps MD**

Mailing Address 2900 12th Ave N Ste 100 E

City State Zip Code  
Billings MT 59101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoMontana

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 19 2015

**Transaction ID : 6808075**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. James S Elliott MD**

Mailing Address 3616 Timberline Dr

City State Zip Code  
Billings MT 59102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoMontana

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 19 2015

**Transaction ID : 6808076**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Ralph M Costanzo MD**

Mailing Address 2751 Gregory Drive N

City State Zip Code  
Billings MT 59102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoMontana

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 19 2015

**Transaction ID : 6808077**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00